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26096 7590 11/20/2009

CARLSON, GASKEY & OLDS, P.C.
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Stephanie A. Frash	(Depositor's name)
<i>Stephanie A. Frash</i>	(Signature)
<i>December 17, 2009</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/738,591	12/15/2000	Jim Oter	12/17/2009 10EBR02100000156	038835229 09738591

TITLE OF INVENTION: METHOD FOR MAKING A FILM WITH IMPROVED WETTABILITY PROPERTIES

01 FC:1501 1510.00 DA
 02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/22/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
PARKER, FREDERICK JOHN	1792	427-427000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents (OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- Carlson, Gaskey & Olds
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Carrier Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Syracuse, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03 0835 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date December 17, 2009

Typed or printed name Matthew L. Koziarz

Registration No. 53,154

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